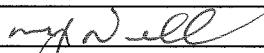


Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEES TRANSMITTAL		Application Number	10/582,385-Conf. #2824
For FY 2009		Filing Date	August 15, 2007
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	Marco Antonio SANTINI
TOTAL AMOUNT OF PAYMENT		Examiner Name	M. S. Mercier
(\$)		Art Unit	1615
180.00		Attorney Docket No.	4705-0121PUS1

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u>		Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							
Each independent claim over 3 (including Reissues)							
Multiple dependent claims							
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
13	- 49 or HP	x	=	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
1	- 7 or HP	x	=				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
		/50 =	(round up to a whole number) x	=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00							

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	36,623	Telephone (858) 792-8855
Name (Print/Type)	Mark J. Nuell, Ph. D.		Date	January 27, 2010	